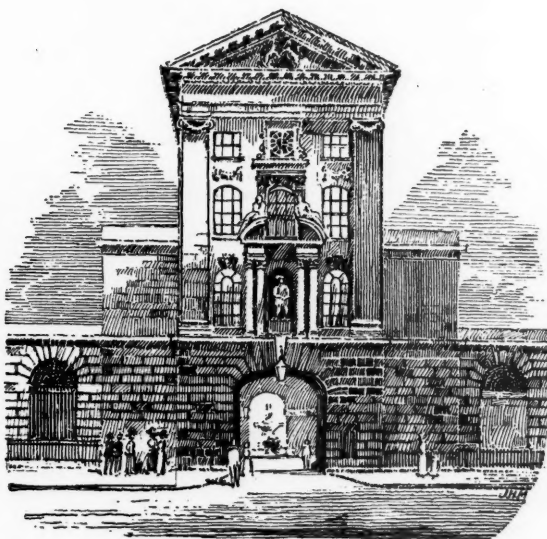


ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXIX.—No. 10.

JULY, 1922.

[PRICE NINEPENCE.]

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"Æquamemento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXIX.—No. 10.]

JULY 1ST, 1922.

PRICE NINEPENCE.

CALENDAR.

- Sat., July 1.—Lawn Tennis Match v. R.M.A. (home).
 Mon., „ 3.—Clinical Lecture (Special Subject), Mr. Elmslie.
 Second M.B.(Lond.), Part II, Examination begins.
 Tues., „ 4.—Dr. Morley Fletcher and Mr. Waring on duty.
 Final Conjoint Board Examination begins.
 Wed., „ 5.—**7th Decennial Club Dinner; Trocadero Restaurant, 7 p.m.**
 Lawn Tennis Match v. U.C.H. (away).
 Fri., „ 7.—Dr. Drysdale and Mr. McAdam Eccles on duty.
 Mon., „ 10.—First M.B.(Lond.) Examination begins.
 Tues., „ 11.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
 Thurs., „ 13.—Post-Graduate Course begins.
 Second M.B.(Lond.), Part I, Examination begins.
 Fri., „ 14.—Sir T. Horder and Sir C. Gordon-Watson on duty.
9th Decennial Club Dinner; Langham Hotel, 7.30 p.m.
 Tues., „ 18.—Prof. Fraser and Prof. Gask on duty.
 First Conjoint Board Examination begins.
 Thurs., „ 20.—Last day for receiving matter for August issue of the JOURNAL.
 Fri., „ 21.—Dr. Morley Fletcher and Mr. Waring on duty.
 Tues., „ 25.—Dr. Drysdale and Mr. McAdam Eccles on duty.
 Fri., „ 28.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
 Sat., „ 29.—Post-Graduate Course ends.

EDITORIAL.

ALL Bart.'s men will join in congratulating Mr. H. J. Waring upon his election as Vice-Chancellor of the University of London. We at this Hospital well know that through this appointment the University will gain in manliness of tone, in teaching efficiency, and in public esteem.

* * *

As we write these notes Prof. Harvey Cushing is again crossing the Atlantic after a visit which must have been, even for an American citizen, a particularly crowded and bustling ten days. He came here at the invitation of the Governors

and the Medical College of the Hospital to direct for a short time our Surgical Professorial Unit. Last year it will be remembered that Mr. Gask visited in a similar fashion the Peter Bent Brigham Hospital in Boston.

It was a happy thought to follow up in this fashion the *rapprochement* between British and American surgeons formed in France. The practice of medicine is in the truest sense international. In helping the suffering we are neither British nor American, but merely men upon whom is laid the duty and privilege of pooling in one common stock such knowledge and experience as we possess for the relief of the sick. This is fundamentally why we welcome such an interchange as this. Necessarily it has other results. It helps in some small degree to bind together two great nations. Certainly there are enough interested persons who would desire to see it otherwise.

We may say that Mr. Cushing's visit was a personal triumph. He was made a perpetual student of the Hospital and his signature is now in the book which every Bart.'s man signs on entering the Hospital. He lectured to us, talked to us "round the Fountain," and generally became one of us. One thing remains: we should have liked to have seen him operating. The British are an insular and reserved people not given to demonstration. These traits we share at Bart.'s, but we can whole-heartedly tell Mr. Cushing that we liked him. We hope he will come again.

* * *

A change in the point of view, a knowledge that there are other methods besides our own (a fact particularly difficult for Bart.'s men to appreciate), is of such utmost value in keeping alive the true spirit of science, that one wonders if in the future it may not be possible for selected senior students and young qualified men of different countries and universities to interchange for a brief period. This will come, but how long will it take to come?

* * *

Mr. George Bernard Shaw lectured before the Abernethian Society in June on the subject of "The Advantages of being Unregistered." A report will be found elsewhere,

The Medical and Surgical Theatre was full to overflowing, and the upper gallery had finally to be opened. It goes without saying that Mr. Shaw's lecture scintillated with wit and caustic comment. It was, however, destructive without being constructive, and seemed brilliant for the sake of brilliance; but let it be remembered that he was lecturing in a hot-bed of registration, for it was very largely through this Hospital that nurses' registration became legal.

Mr. Shaw tried, like the fat boy in *Pickwick*, to make our flesh creep. He told us that the medical profession was losing the confidence of the public. We don't think it is; we believe that the average man (and the average man has a large amount of shrewd common sense) would rather consult a registered than an unregistered practitioner—yea, even than an osteopath. It would, we suppose, sound incredible to Mr. Shaw, but the awful fact remains that probably a majority of his audience did not know what an osteopath was.

One point we missed. We should dearly like to have heard some praise of the cheiro-practics, who, we imagine, must be a particularly deadly form of unregistered practitioner.

We can safely say that every member of the audience enjoyed Mr. Shaw's delightful lecture. The Abernethian Society are to be congratulated on the success of the meeting.

* * *

Official permission has been granted for the establishment of a department long needed in the Hospital. A method of maintaining touch with patients after treatment will soon be established. At present Mrs. Smith, after receiving the fullest treatment, often passes to pastures new beyond our ken. This, so far as we can prevent it, will no longer happen. She will be "followed up." Business methods will be joined to science, and from the alliance will, we suppose, come forth a progeny of statistics.

We welcome this latest piece of practical common-sense.

Below is an official memorandum explaining the scheme.

"FOLLOW UP" DEPARTMENT.

The reasons why such a Department is considered desirable are as follows:

1. At the present time the Medical Officers have no means of ascertaining the ultimate value of the treatment which they administer to the patients.
2. Accurate statistics are wanted. These statistics would form valuable material for investigation by those in charge of the patients as to the individual differences in treatment or technique which had given the best results.
3. The knowledge of the condition of patients after leaving the Hospital would form a valuable aid to prognosis of disease.

The method suggested to carry out this design is as follows:

1. The Medical Council shall determine the diseases to be investigated by the "Follow Up" Department.
2. The Medical Officer in charge of the patient shall indicate to the Registration Bureau by arranged signal (red wafer or stamp) attached to the notes which patient is to be followed up.
3. The Lady Interviewer will keep a card index showing the names, addresses and diseases of such patients.
4. The Lady Interviewer will send a postcard at a given time (say every three months) asking the patient to attend at the Hospital at a certain time.
5. The patient will be examined by a member of the "Firm" who had charge of the patient and the result of the examination will be entered on the notes.
6. It is hoped that the Women's Guild will undertake to visit the homes of those patients who do not reply to the postcards.
7. An annual summary and analysis of the results shall be prepared by the Medical Officers appropriate to each series.

* * *

A Congress of Electrology and Physio-Therapeutics was held recently in London, under the auspices of the Section of Electro-Therapeutics of the Royal Society of Medicine and of the British Society for the Advancement of Radiology and Physio-Therapeutics. The Congress was chiefly attended by British, French and Belgian delegates—the North Sea allies. Several important meetings were held in this Hospital. Our early participation in such events is very satisfactory, for who dare predict to what mighty strength in the cure of malignant disease this infant amongst the special departments may yet attain?

* * *

Our best congratulations to Dr. Porter Phillips, whom we inadvertently omitted last month from our list of Bart.'s men receiving the honour of the Fellowship of the Royal College of Physicians of London.

* * *

The Decennial Clubs are now holding their annual dinners. The Eighth and Tenth Clubs have already done so, the latter Club being launched recently with great goodwill and much success.

The Ninth Decennial will dine on Friday, July 14th, at 7.30, in the Langham Hotel, the day after the commencement of the Post-Graduate Class. All students entering the Hospital between 1895 and 1905 are eligible.

The Seventh Decennial Club Dinner will be held at the Trocadero Restaurant on July 5th at 7 p.m.

* * *

In our recent remarks on the Associateship of the Royal Society of Medicine we omitted to mention a further reason

for young graduates joining the Society under the scheme. Provided that an Associate has made three yearly subscriptions, he is excused the customary entrance fee if within five years of qualification he desires to become a Fellow.

Mr. W. Girling Ball, one of the two secretaries of the Society, will be pleased to give further details to any Bart.'s man desiring to become an Associate.

* * *

We heartily welcome the Rev. William Vassall, M.A. (Oxon.), who comes to us in the capacity of Assistant Hospitalier. In bidding "good-bye" to Mr. Craggs we should like to say how much the Hospital will miss his kindly and cheery personality.

* * *

The following Bart.'s men, to whom we offer our sincere congratulations, were in the list of Birthday Honours: Dr. H. K. Anderson, of Cambridge, received a knighthood; Dr. A. R. Cook was made a C.M.G.; and the M.V.O. (4th Class) was awarded to Surg.-Comdr. F. H. Nimmo, R.N.

* * *

The recent results of the Final Fellowship Examination of the Royal College of Surgeons of England were particularly successful from this Hospital. Of ninety-two candidates twenty-five passed, and of these nine came from this College—a highly satisfactory result.

* * *

Sir Frederick Andrewes has been appointed a representative of the Royal College of Physicians of London on the Lister Institute of Preventative Medicine.

* * *

The Empire Day collections, an account of which appeared in our last issue, were eminently successful. £1702 19s. 11d. was collected by students of this Hospital.

* * *

Capt. J. M. Shah, F.R.C.S., has been awarded the M.B.E. (Mil. Div.) for services rendered during operations in N. and N.E. Persia from 1917 to 1921.

* * *

OBITUARY.

Dr. William Halse R. Rivers, Fellow and Prælector in Natural Sciences, St. John's College, Cambridge, died on June 4th at Cambridge.

Dr. Rivers was President of the Royal Anthropological Institute and the Folk-Lore Society. During the war he served as a captain in the R.A.M.C., and amongst other duties was Psychologist to the Central Hospital, R.A.F. Born in 1864, he was educated at Tonbridge and St. Bartholomew's Hospital. He was Croonian Lecturer to the Royal College of Physicians in 1906, FitzPatrick Lecturer

from 1915-16, President of the Section for Anthropology, British Association, in 1911, and he was awarded the Royal Society's Royal Medal in 1915. He was formerly Lecturer on Psychology at Guy's Hospital, and Lecturer on Physiological and Experimental Psychology at Cambridge. Amongst his publications were *The History of Melanesian Society*, *Kinship and Social Organisation*, *Mind and Medicine*, *Dreams and Primitive Culture*, *The Influence of Alcohol and other Drugs on Fatigue*, and *The Todas*, and he contributed various papers in *Reports of the Cambridge Expedition to the Torres Straits* and in scientific journals. Dr. Rivers held the degrees of M.A., M.D. and Hon. LL.D. of St. Andrews, and was a Doctor of Science of Manchester University, a Fellow of the Royal College of Physicians, and a Fellow of the Royal Society. He was a brilliant anthropologist and a man of great personal charm. His writings have gained in interest as the years have passed by, and perhaps of all his books the latest, *Instinct and the Unconscious*, was the most suggestive. It was Freudianism with important differences, for the English anthropologist, seeking a biological theory of the troubles of the mind and fresh from his work among soldiers who had failed to stand the stress of battle, discarded or amplified many of the conclusions of the Viennese professor. Through Dr. Rivers' death the world loses a thinker of the first rank.

* * *

Colonel Francis Warburton Begbie, whose death is announced at the age of 58, was the son of an Edinburgh M.D., and was educated at Fettes, Oxford Military College, Cowley, and St. Bartholomew's Hospital. He had a distinguished career in the Army Medical Service, mostly in India, but he also served through the South African War. At the beginning of the Great War he was in Burma. Later he served at the base hospital of the Mesopotamia Field Force. After being Commandant of the R.A.M.C. training centres at Eastbourne, Ripon and Blackpool, he got his wish and went to France, where he did fine work. He had recently been acting as medical member of the Pensions Board for the Exeter District. A man of exceptional charm and magnificent physique, he had done much big game shooting in India, Burma and Ceylon.

* * *

We regret to announce the death of Dr. Gust. Hamel, M.D., M.V.O., who died recently at Surbiton. Dr. Hamel qualified in Switzerland and later re-qualified from St. Bartholomew's Hospital. He was particularly interested in treatment by mechanical exercises. He was the father of the airman, Gustav Hamel, who was lost in a cross-channel flight shortly before the war.

RAHERE LODGE NO. 2546.

THE Installation Meeting of the Rahere Lodge was held in the Great Hall, St. Bartholomew's Hospital, on Wednesday, June 21st, at 5.30 p.m. Previous to the installation Victor A. Spong was initiated by W.Bro. C. H. Perram. The charge was given by W.Bro. H. J. Johnson. W.Bro. Harold Pritchard was installed as Worshipful Master for the ensuing year. The following officers were appointed:

W.Bro. C. H. PERRAM	Acting I.P.M.
Bro. GIRLING BALL	S.W.
Bro. A. W. STOTT	J.W.
Bro. The Rev. R. B. DAND	Chaplain.
W.Bro. ERNEST CLARKE, P.M., P.G.D.	Treasurer.
Bro. GEOFFREY EVANS	Secretary.
W.Bro. M. L. TRECHMAN, P.M., L.R.	D.C.
Bro. WALTON READ	S.D.
Bro. H. D. GILLIES	J.D.
W.Bro. H. MORLEY FLETCHER, P.M., P.G.D.	Deputy D.C.
W.Bro. H. E. G. BOYLE, P.M.	Asst. D.C.
W.Bro. LAMING EVANS, P.M., L.R.	Almoner.
W.Bro. L. W. BATHURST, P.M., L.R.	Organist.
Bro. G. L. LYON-SMITH	Asst. Secretary.
Bro. LANGFORD MOORE	I.G.
W.Bro. E. P. FURBER, P.P.G.J.W., Surrey	Sen. Steward.
Bro. B. H. SPILSBURY	Steward.
Bro. DE BURGH DALY	Steward.
W.Bro. A. H. COUGHTREY, P.P.G.S.B., Herts	Tyler.
Bro. E. W. HALLETT	Asst. Tyler.

A P.M. Jewel was awarded by ballot at the previous meeting of the Lodge to W.Bro. Francis Clark at the end of his term of office. It could not be presented to him, however, owing to his absence in China.

Ninety-two brethren and guests dined subsequently at the Imperial Restaurant.

THE OCTOCENTENARY OF THE FOUNDATION.

2. THE SISTERS.

By SIR D'ARCY POWER, K.B.E.

THE patients and the Sisters alone have come down to us from the most ancient time with the least change. At the beginning the Sisters tended the sick poor as an act of charity and to the best of their ability without special training. The religious motive may now be less conspicuous and is in part obscured by the professional aspect, but it nevertheless exists. No nurse worthy of the name can take upon herself the manifold cares and responsibilities of a Sister without having in her heart those feelings which actuated her early predecessors. The four Sisters formed an integral part of the original foundation of the Hospital. They were professed Nuns—probably of the Order of St. Augustine, for the Saint gave his rule to women before he placed it on men. They were chosen by the Prior of the Convent on the recommendation of the Master and Brethren of the Hospital, and swore fidelity to the Prior and Convent and obedience to the Master. They lived in a common refectory and slept together in a

dormitory. They received daily four loaves of white bread, three loaves of second quality bread, half a flagon of ale and the better of the two dishes of cooked food supplied to the Brethren. They wore tunics and overtunics of grey cloth, and it is expressly stated that the tunic was not to reach lower than their ankles. But this was at a time when long trailing skirts were in fashion.

One of the four was detailed to take charge of and to issue to the inmates of the Hospital all articles of clothing and other necessities from the common stock. No doubt with the intention of making her position easier, it was a part of the rule that no one should grumble if he did not get as good a suit as he expected, or if the garments he received had been already worn by someone else. But there is no mention that one Sister was before another though all were under the Master. Their work was life long, and in some cases they held good social positions, and were able to make substantial bequests to the Hospital which had been their home.

In the course of ages some must have become specially skilled in midwifery, for many women were delivered in the Hospital; others must have made that tradition of skilled but unscientific nursing which still exists as the hallmark of the best type of St. Bartholomew's nurse. The patient first and always, gentleness, courtesy, and the numberless minute tricks and details which have been learnt and carried on from generation to generation by observation and not by precept. The numbers remained unaltered for four hundred years, and although the duties were nominally unchanged, it is manifest that four persons could not have nursed from 60 to 100 patients, even where many could help themselves, and all were made to do more for themselves than is now required of them. There must have been subordinates, but of these we hear nothing.

There was no break in the tradition when King Henry VIII took the revenues of the Hospital into his own hands, but there was a great reorganisation. A few patients remained in the Hospital, and the Sisters must have been there to attend upon them. In 1544 five Sisters were appointed, and in 1551 the number was increased to twelve. One of the twelve was chosen to act as Matron, and to her was attached "a fool." Sir Norman Moore, in his history of the Hospital, rather unkindly counts the fool as a Sister, and thus makes the number thirteen, although in reality there were but twelve. The Hospital is so conservative, however, that in the opinion of some the type still recurs at long intervals, though it is no longer a professional office. Under the new constitution the Matron and Sisters had duties and perquisites which have now lapsed. The Matron had personal charge of all the bedding in the Hospital, and she was enjoined to see that the Sisters did their duty in spinning, and did not enter their wards after seven o'clock in winter or nine in the summer, except to attend to patients in danger of immediate death or suffering

from extreme sickness. She was allowed as a perquisite to sell ale, and receive a shilling for the use of a pall when a patient died. The Sisters, on their side, had to wash the patients' linen as well as to scrub the floors, but they took half a crown from every patient who was operated upon and one shilling from each patient admitted into their ward.

The appointment of Sister carried with it a habit or uniform just as in the pre-Reformation days when the Sisters were nuns. Six yards of cloth were allowed yearly at 22s. 6d. The cloth was at first brown, but was soon changed to light blue, and blue in various shades has remained the colour of the Sisters' uniform since 1555. The common dormitory remained until 1787, when the Sisters began to sleep and live, as they now do, in the little room partitioned off from the ward. The change was probably for the better, as there are several orders for the Sisters' wards to be cleared of bugs by the Hospital bug-catcher. They appear to have been a strong and self-reliant body of women, for on one occasion they made a determined attack upon a Sheriff's officer, and obliged him to relinquish a patient whom he had captured in one of the wards. As early as 1647 women helpers had been introduced, who sometimes claimed the reversion to the place of Sister. They represent the original of the Staff Nurse. A regular nursing staff was in existence in 1818, for the Physicians and Surgeons in that year represented to the Governors that one Sister and two Nurses were not sufficient for a double ward. In 1821 the Nurses were ordered to wear a brown uniform, and in 1868 scrubbers were appointed to undertake the drudgery of scrubbing the floors and passages—a duty which had hitherto devolved on the Nurses under the supervision of the Sisters. In 1877 an institution was opened for the training of Nurses in connection with the Hospital, and from this time onwards nursing in the Hospital has become more and more a skilled profession.

TYPES OF MENINGITIS IN CHILDREN: CLINICAL LECTURE.

By HUGH THURSFIELD, M.D., F.R.C.P.



HE accurate recognition of the nature of a disease must always be the first step towards the efficient treatment, so I propose to devote the present lecture to a consideration of the problems of diagnosis presented to us by the various types of meningitis. Even in this sentence I have been betrayed into an inaccuracy, for the disease to which we habitually give the name of meningitis is usually far more than an inflammation of the coverings of the brain, and it would be more accurate, but certainly more cumbersome, if we spoke of lepto-meningo-encephalitis; for the greater number of the symptoms which indicate its presence owe their origin to the effects of

inflammation not merely of the pia-arachnoid, but in the cells of the brain itself.

It is probable that there are recorded instances of meningitis due to infection with every known type of pathogenic organism, but in children there are three groups which predominate—the meningococcus, the tubercle bacillus and the pyogenic cocci; and these give rise to three distinct types of clinical phenomena.

MENINGISM.

But before I begin to consider these I must first clear the ground by discussing the use of two terms which are fairly common—meningism and serous meningitis. If we take as the chief criterion of the existence of a meningitis the alterations in pressure, in the albuminous content, and in the character and number of the cells of the cerebro-spinal fluid, then meningismus can be said to be present where with a normal fluid the clinical signs of a meningitis are found. But it is questionable how far we are justified in relying absolutely on this criterion. It is established that there is an early stage in epidemic cerebro-spinal fever where, if we relied solely on the evidence afforded by the fluid, we should be obliged to deny the existence of meningitis. It appears therefore to me that it is more in accordance with the facts to regard meningismus with its normal cerebro spinal fluid as an early stage in the development of the inflammation of the meninges, and to believe that it is possible at this early stage for the defensive mechanisms of the body to prevent the further spread of the inflammation and to restore the meninges to a normal state. Meningismus thus considered will be the slightest and most recoverable type of inflammation of the meninges. It accords with this view that we find that meningismus is most frequently met with in the acute febrile affections. A child with a pneumonia may exhibit the screaming, the vomiting, the retraction of the head, the squints, and the rigidity of the limbs of an advanced stage of meningitis. If with these signs there is a normal cerebro-spinal fluid, even where the fluid is under increased pressure, and if the symptoms have come on early in the attack, the diagnosis of meningism can be safely made. It is rare—indeed I do not know of a case—that such symptoms present early in the disease point to the existence of a frank meningitis.

SEROUS MENINGITIS.

From time to time we meet with cases in which the clinical phenomena of meningitis are present and the C.S.F. shows slight increase of pressure, a moderate leucocytosis and an increase in the albuminous content, yet is neither frankly purulent nor can any organisms be found either in films or by cultivation. Such cases occur perhaps most frequently in connection with middle-ear disease when the mastoid cells are involved in a suppurative process. It is not usually the herald of a more

serious inflammation, and, when the cause has been properly dealt with, rapidly subsides, leaving no sequelæ behind. It is common to speak of such instances as serous meningitis, and it appears to me to be reasonable to regard serous meningitis as a further but still recoverable stage than meningismus in the development of meningitis proper.

MENINGOCOCCUS MENINGITIS.

Passing now to the recognised forms of meningitis, I will first speak of meningococcus meningitis. You are, of course, familiar with the fact that during the war there occurred outbreaks of epidemic cerebro-spinal fever due to this organism, both in this country and, to a less extent, in the armies abroad; but it is perhaps less well recognised that a sporadic form of the disease, due to an organism which in nearly all essential respects is identical with that of the epidemic disease, is fairly common in children, especially in children below two years of age. This disease was for many years known under the name of posterior basic meningitis, so-called from the distribution mainly in the posterior fossa of the skull and the posterior surface of the spinal cord. Dr. Still was the first accurately to describe and isolate the organism of this disease, and to point out the close resemblance which it bore to the organism described by Weichselbaum in the epidemic disease. The bacteriological side of the disease is full of interesting points on which I have not space to dilate, but for our present purpose I think that we may assume that the two diseases, the epidemic and the sporadic, are identical, and that they are caused by an organism which is found to vary in its characteristics in different cases. Dr. Gordon has separated four different types of the organism, finding that Types 1 and 2 are much the more frequent, at any rate in the epidemic disease. In the sporadic disease of infants the differentiation into types has not been so completely studied.

Clinically we meet with both the epidemic and the sporadic forms of the disease in children. The illness may begin insidiously or with an acute onset. If it begins insidiously the baby does not at first appear to be very ill. There is slight fever and often some diarrhoea, and the distinctive features of meningitis do not show themselves for several days. These distinctive signs are the retraction of the head, and the bulging of the anterior fontanelle. If the onset is more acute these signs are usually present from the beginning. The fever is often continued in type, but sometimes is intermittent and may be scarcely noticeable. Unlike other forms of meningitis there is usually no photophobia; the child lies with widely staring eyes, often with a ring of sclerotic visible, and there is no doubt that he is often quite blind. As a rule, however, the pupils remain active to light and there is little or no alteration to be seen in the fundus. In some few cases there is a definite papillitis. Squints are comparatively uncommon. Rashes occur; usually a patchy erythema, but in some cases, just as

in the epidemic disease, the rash is purpuric or herpetic in character. Kernig's sign and Brudzinsky's sign are usually present, both of these being merely a means of eliciting the hypertonicity of the trunk and leg muscles. In some few cases there is effusion into the joints, and if the fluid is withdrawn it is found to be purulent, with the meningococcus demonstrable in the pus-cells. The C.S.F. is turbid, even frankly purulent, with abundance of pus-cells containing the characteristic biscuit-shaped coccus. The course of the disease varies. Below two years of age recovery was rare before the use of serum was introduced. Above two years a fair proportion of the cases recovered after an illness of some days to some weeks. The use of serum has undoubtedly increased the chances of recovery, but it remains a disease with a high mortality. When recovery occurs it is usually complete and sequelæ are uncommon. Yet there are cases in which a spastic paralysis of one or more limbs persists or more rarely wasting of a limb. The only common sequel is hydrocephalus, due to the shutting off of the spinal theca from the sub-arachnoid cerebral space. Acquired hydrocephalus is most often due to this disease. When it occurs it is nearly always progressive and leads to death. The surgical attempts to deal with it have not often succeeded. If it becomes spontaneously stationary, it is usually only after so much damage has been done to the brain that idiocy results.

The diagnosis depends of course on the examination of the C.S.F., but unfortunately this is not always decisive. The specific organism may not be found, and though by the use of suitable media it may be cultivated, this method also fails. From the clinical point of view, it is right to assume that a purulent C.S.F. in the absence of definite organisms is evidence of meningococcal meningitis, since this is by far the commonest type of meningitis in infants under two years of age. I have in these remarks left out much of interest: the curious incidence of the disease; the manner in which the cases occur, none coming under observation for many months, and then ten or a dozen in as many weeks—a fact suggestive of small local epidemics; the curious blindness, without optic atrophy or papillitis, and with such rapid and as a rule permanent recovery. Recently I discharged one infant as permanently blind after three months, but within a fortnight it was brought up seeing perfectly and has had no further trouble. This was one of the uncommon cases which showed a marked papillitis during the acute stage. There are also many points about the treatment deserving of consideration, which may here be summarised as consisting in the early, frequent, and copious administration of serum. If there is opportunity for differentiating the types of the organism it is best to give a serum prepared from that type, but since time is of the first importance, a mixed serum should be employed at once without waiting for the differentiation. In the later stages of the disease

vaccines have been employed with some success. It is best to use a sensitised vaccine and inject it every day in doses beginning with 200-300 millions of the organism. In the most severe cases the serum injections should be given not only intrathecally and subcutaneously, but intravenously, and even into the cerebral cavity through the anterior fontanelle.

TUBERCULOUS MENINGITIS.

The next type of meningitis is certainly the most dreaded, for the physician is absolutely powerless to arrest its progress. It is a disputed point whether tuberculous meningitis which has once given symptoms and signs of its existence can pass on to either temporary or permanent recovery. From time to time cases are published of recovery. Few of these will bear the test of critical examination, but there are a few which appear to be unquestionable. We may admit the possibility and credit the fact, and yet be obliged to confess that such instances are of the nature of miracles, so certain is it that the invasion of the meninges by the tubercle bacillus means death. But even so the disease remains a most interesting problem; its onset is so varied, its course so unexpected, and its recognition often so difficult.

First as to the age at which it is common. There is no age wholly exempt, but its greatest incidence is among children between the ages of two and six years. Many instances are found among the younger infants, the youngest of whom I have a record being four months of age, but speaking generally a meningitis in a child of less than two years is more likely to be due to the meningococcus than to the tubercle bacillus.

The children affected are more usually healthy than otherwise; indeed it is an old observation that tuberculous meningitis picks out the fat, robust child rather than the delicate. Usually there is no warning of the disease, which begins with a certain degree of drowsiness or irritability, slight fever and obstinate constipation. I should like to lay stress on this last, for though not an uncommon complaint, yet the onset of unwonted constipation with some general decline of health is so characteristic a beginning of tuberculous meningitis that it should at once excite suspicion. In other instances the disease begins, so to speak, full-fledged, with fever, unconsciousness, and convulsions. Others, again, though this is much less common, have a period of indefinite malaise which is a source of puzzle to parents and doctors, especially as it is often intermittent, and for several days the patient may seem to have recovered completely only to relapse.

The problems are extremely difficult to solve. I propose to give one or two examples. A child, *æt.* 2, became extremely ill with consolidation of the left upper lobe of the lung. A fortnight after the onset of the lung trouble he was very drowsy, but irritable when aroused; with a

marked squint and difficult breathing and attacks of cyanosis. He had no Kernig's sign, and no retraction of the head. A few days later he became quite blind, with a failure of the pupils to react to light; and three weeks after the beginning of his illness he had a "fit." His father had died three months previously of pulmonary tuberculosis. The C.S.F. was under pressure, but quite normal in its constituents. For a month he remained blind and then recovered his health completely. This was an example of meningismus, which in the absence of an examination of the C.S.F. could easily have been mistaken for tuberculous or, indeed, meningococcus meningitis.

A child exhibited great irritability with attacks of vomiting at the end of the month of July. Her age was 18 months. When first seen twelve days after the onset, she had well-marked paralysis of the left arm, leg, and face, with constant myoclonic movements of the right arm and leg. She had no squint, and her knee-jerks were not obtained. So far she presented signs which would have suggested the diagnosis of an encephalitis, but the C.S.F. was clear, under pressure, and contained '18 per cent. albumen. No tubercle bacilli were demonstrated. The palsy of the face improved, and then about a month after the beginning of the illness it was observed that the muscles of the arm and leg were wasting. This suggested that the diagnosis was, in reality, a poliomyelitis. A few days later she died somewhat unexpectedly, and at the autopsy typical tuberculous meningitis was found. In this case an accurate diagnosis was not made during life. Encephalitis, poliomyelitis and tuberculous meningitis were discussed, with a leaning towards the last, but so far as the examination of the C.S.F. is concerned the findings are compatible with either of the others.

In the later stages of the disease the diagnosis is usually easy, in spite of the case I have just quoted. In the earlier stages I have myself made or seen made by others the diagnosis of tumour, middle-ear disease, thrombosis of the cerebral sinuses, pyelitis due to the *Bacillus coli communis*, and, of course, poliomyelitis and encephalitis. The only means of accurate diagnosis in a difficult case is the careful examination of the C.S.F. In cases of tuberculous meningitis a fine clot forms in the fluid at the end of a few hours, and if this clot be examined a surprisingly large number will be found to contain tubercle bacilli entangled in the meshes. One of my colleagues has so found them in over 90 per cent. of the cases of tuberculous meningitis with which he has had to deal. Failing the demonstration of the bacilli, a clear fluid with an excess of albumen, the absence of the normal sugar and an excess of lymphocyte cells is so strongly in favour of tuberculous meningitis, that unless there is abundant clinical reason to think otherwise such findings may be regarded as decisive. There are, it is true, exceptions. A child of three was taken ill with headache, vomiting, and constipation. She

had slight fever and marked retraction of the head. Her C.S.F. on three different occasions contained an excess of albumen and an excess of mononuclear cells. Her symptoms disappeared in a few days and she made an uninterrupted recovery. This patient certainly had a meningitis, but there is no clue to its nature. It is hardly likely to have been meningococcal, for in the acute stage at least the cells would almost certainly have been polymorphonuclear. Such a case might be called, if we care to use the term, "Serous meningitis," but as I explained earlier it is a bad name, and I prefer to speak of meningitis simply. I quote it merely to draw attention to the difficulties of interpretation of the C.S.F.

MENINGITIS DUE TO THE PYOGENIC COCCI.

The third type to which I call your attention is that which arises as a result of infection with the pyogenic cocci, streptococci, staphylococci and pneumococci. I class these together, because of the striking similarity in their clinical course. Given the infection of the meninges, the usual course of the disease is death within three days with high fever—a striking difference from the prolonged course of the meningococcal and tuberculous cases. The chief source of infection with streptococci is of course the ear, and the majority of the children affected are older in years than those we have considered previously; in infants it is generally the result of sepsis in the umbilical cord, but almost any streptococcal or staphylococcal infection may terminate in a meningitis. Usually there is no difficulty about the diagnosis since the infective organism is present in abundance in the C.S.F. The chief difficulty is to distinguish between the cases due to a diffuse infection and those caused by localised infection arising in connection with mastoid disease. The clinical symptoms have nothing to distinguish them from those present in any other form of meningitis.

Pneumococcal meningitis is most often found as a sequel to broncho-pneumonia and empyema in babies.

I do not pretend to have covered the ground in this lecture; I have said nothing, for instance, about the cases of influenzal meningitis. They are rare and have striking points in common with meningococcal meningitis, but of course the organism is very different. An interesting question is whether this organism is Pfeiffer's bacillus or something resembling it. Nor have I said anything about the rarer organisms which are found in the meninges. My purpose has been to concentrate your attention on the three types which are the most often met with among children, and on the variations in the clinical phenomena and on the difficulties of diagnosis often presented by these cases in an extreme degree even when the C.S.F. is most carefully examined. My last remark is to warn you that syphilitic meningitis, though it does occur, is rather a pathological than a clinical curiosity, and that it very rarely enters into the question of diagnosis.

NOTES ON A CASE OF ACUTE OSTEO-MYELITIS OF THE FEMUR: DIAPHYSECTOMY.

By RODNEY MAINGOT, F.R.C.S.,
Chief Assistant to a Surgical Unit, St. Bartholomew's Hospital;
Surgical Registrar, West London Hospital.

F Looking through the Hospital records covering a period of many years, I find that the operation of diaphysectomy, either partial or complete, for acute osteomyelitis has rarely been performed.

This case is published, as it embodies several points of interest, both practical and theoretical, and also because it exemplifies the excellent results that so frequently obtain after a diaphysectomy for acute osteomyelitis of the bones of the upper and lower extremities.

The following account is a *résumé* of the dresser's notes:

(1) *History*.—S. C.—, æt. 13, schoolboy, on August 10th, 1921, sustained a severe fall on his right side. He was able to walk home, but complained of severe pain in his right thigh.

During the next two days he felt ill, and said that his right thigh was painful and "throbbing." On August 14th, 1921, he consulted his doctor, who immediately sent him to the hospital diagnosed as "acute osteomyelitis of the right femur."

(2) *Examination*.—On admission the patient looked ill and was in great pain. The first record of his temperature chart read as follows: T. 101°, P. 104, R. 24. The right thigh was swollen, inflamed and very tender. Fluctuation could be detected in the lower third of the thigh, particularly on the inner side about the region of the adductor tubercle.

The right knee was held flexed; it was swollen, and no movements of the joint could be tolerated by the patient.

White blood cells = 13,000 per c.mm.

(3) *Operation*.—The patient was anaesthetised with gas and oxygen, and a partial diaphysectomy of the right femur was performed by Mr. Rawling. Through a large incision on the outer aspect of the thigh a quantity of foul-smelling greenish pus was evacuated. The periosteum was stripped by pus from the lower epiphysis to within (approximately) three inches of the small trochanter.

Three and a quarter inches of the shaft of the femur was excised sub-periosteally in its lower third, leaving behind $1\frac{1}{4}$ in. of the bone attached to the diseased lower epiphysis. The wound was irrigated with hydrogen peroxide and saline, and then packed with flavine and paraffin.

The limb was temporarily fixed in a Thomas's splint in an extended position.

(4) *After-treatment*.—The wound was dressed next day under an anaesthetic, and the limb was "put up" on a Thomas's extension apparatus.

During the next week the wound was dressed four times, and an anaesthetic was required on each occasion. After this the wound was dressed twice daily.

As there was some backward tilting of the lower portion of the femur the splint was bent through an angle of 40° at

the knee. The limb was kept in this extended position for three months, and subsequently a Thomas's walking calliper splint was applied to the right leg.

A skiagram of the right femur was taken every month to ascertain the amount of new bone-formation, the alignment and the fate of the distal $1\frac{1}{4}$ in. of the shaft.

The *X-ray reports* are copied verbatim and read as follows:

"September: There is a 3-in. gap in the right femur. The upper end of the lower fragment is slightly tilted backwards. A line of new periosteal bone is forming in the gap." (This skiagram was taken about one month after the operation.)

"October: Considerable new bone-formation bridging the gap between the upper and lower portions of the shaft. New bone is mostly on the outer and anterior region. No evidence of sequestrum."

"November: There is a considerable increase in the amount of new bone-formation since previous plates. Position of fragments is apparently unaltered; alignment is good."

"December: The bridge between the ends of the bone is similar to the condition of a month ago. There is, however, evidence of increased density of the bone in several places. Alignment good; no sequestra."

The patient had a long course of massage and movements, and in April of this year he discarded his calliper.

(5) *Present condition*.—The patient can walk about in absolute comfort without the aid of a stick. He can also run short distances.

There is no shortening, no angulation, and no deformity. The 6-in. line or scar on outer aspect of thigh is firm and healthy. The movements of the right hip and right knee are normal, except that flexion at the knee is limited by one-fifth. It is fair to presume that in a short while this disability will entirely disappear.

(6) *Points of interest*.—(a) The temperature and pulse, displaying small fluctuations, returned to normal, and remained normal five days after the operation. This, as a rule, does not take place so soon after the more stereotyped "gutter operation." The probable explanation is that after a diaphysectomy better drainage has been effected.

(b) After the operation the patient never complained of pain, except when the wound was dressed, after the use of an anæsthetic had been discontinued. Between his dressings he was quite comfortable.

(c) Although the disease apparently commenced in the lower epiphysis, the $1\frac{1}{4}$ in. of the shaft of the bone adherent to it was not cast off as a sequestrum. It recovered and entered into the formation of the new diaphysis.

(d) Only one operation was necessary in this case. The too frequent sequel of the "gutter" operation is sequestrectomy.

(e) There was no shortening of the affected femur after the new bone was laid down. Shortening and deformity were obviated by efficient splinting and extension.

I am indebted to Mr. Rawling for his kindness in allowing me to publish the notes of his case.

PITUITARY TUMOURS.*

PROF. CUSHING first showed two cases. One was a boy, æt. 11. He was fat, intellectually bright, had broad hips and showed evidence of sexual retardation; he had been noticed to be slow in convalescing after an appendix operation and his skin had been seen to be blotchy. He had no headaches and no visual disturbances. Prof. Cushing deplored the tendency of "so-called endocrinologists" to classify mankind according to excessive or deficient secretion of one or another endocrine organ; he thought there was no justification for asserting that this boy's condition was due to pituitary defect without more definite evidence.

The second case shown was a boy, æt. 14, who, besides a similar adiposity associated with precocious sexual development, showed spasticity of the legs, a large head (pointing to hydrocephalus) and strabismus. There was, however, no primary optic atrophy nor changes in the visual fields. These facts pointed to something pressing on the pyramidal tracts, having a mesial position elsewhere than near the optic chiasma. A pineal tumour was suggested, particularly in view of the evidence of hydrocephalus; such a tumour might readily block the iter. It was pointed out that retrogressive changes normally occurred in the pineal at the time of adolescence. Removal of the pineal in animals permitted unusually rapid development of secondary sexual characters, while a tumour of the gland might have a similar effect. The X rays in this case showed a distorted sella turcica, which was not necessarily due to a tumour of the pituitary itself. The adiposity might be accounted for by a secondary pressure on the pituitary; adiposity sometimes followed increased intracranial pressure due to hydrocephalus in infants or associated with a cerebellar tumour.

As regards the treatment of these cases, Prof. Cushing suggested that the first boy should be given pituitary by mouth, in spite of the very little evidence that feeding with ductless glands other than thyroid was of much value; he hoped no one would impress on the boy that he was in any way abnormal. In the second case operative measures were indicated. An osteoplastic resection of the skull would be necessary; puncturing the ventricle would allow the brain to collapse and fairly good access to the region of the fornix could thus be obtained.

The lecturer here gave a warning—"Ductless glands have run away with themselves; we must keep our feet on the ground." He reminded his hearers that adrenal tumours might be associated with adiposity; thyroid tumours with hyperthyroidism; pituitary tumours with failure of reproductive development on the one hand and with acromegaly on the other. The features of Addison's disease and tetany

* A report of a lecture by Prof. Harvey Cushing, delivered in the Medical and Surgical Theatre on June 12th, 1922.

were also familiar, but there were many "bizarre, interlocking conditions" which were very difficult. It was unwise to diagnose a ductless gland defect unless there was a definite recognisable organic lesion.

A number of excellent lantern-slides were shown, portraying patients with various endocrine defects, particularly of the pituitary—all the cases being ones confirmed by autopsy or other means. Of particular interest were some of a type of pituitary defect associated with a thin face and with a peculiar wrinkling of the skin; of pituitary defects occurring in three generations of one family; and of another case which was greatly benefited by feeding with pituitary. Many diagrams of defects of the visual fields were demonstrated, showing the first defect in the upper temporal field, going on to hemianopsia, loss of vision in the macula and finally complete blindness. Other more cheerful diagrams showed the gradual enlargement of the visual fields after operation. Prof. Cushing also showed X rays of the skull with abnormalities of the sella turcica; another plate showed a curious mottling associated with hydrocephalus such as might be produced by a pineal tumour. In other slides the line of approach to the pituitary in both nasal and transfrontal operations was seen. As the lecturer pointed out, in cases of acromegaly where the sella was obviously enlarged, the tumour could be attacked by the nasal route, pressure relieved and the vision improved—and the saving of sight was the most that could usually be hoped for by operation. Whereas if no enlargement of the sella was visible, the tumour was probably small and high up; and an osteo-plastic resection and transfrontal operation were indicated. In many cases the patient, his skiagrams, his visual fields at different stages and microscopical sections of his tumour were seen in a most instructive manner, all on one slide.

Prof. Harvey Cushing concluded a most interesting lecture by expressing his satisfaction at having been made a perpetual student of St. Bartholomew's Hospital and the pleasure which his visit here had given him.

A SHIP'S SURGEON THROUGH THE PANAMA CANAL.

By T. B. CARLYON, M.R.C.S., L.R.C.P.



HAVE lately returned from a voyage to New Zealand, and think that it may be of interest to those who have not been through the Panama Canal to get a few details of that wonderful engineering work.

As a voyage it probably differs little from any others, including as it does the usual sports, cosy corners and ponderous, if not highly enlightening discussions. The Canal zone is a strip of land 10 miles wide with Christobal

and Balboa at either end. From Christobal to the first lock, Gatun, is 6 miles. Here the ship is lifted 85 feet in three lifts. The chambers are each 1000 feet long and 110 feet wide and are worked by electricity, the ship being towed through by electric motors on rails. After leaving the lock the ship enters the great artificial lake, formed by damming up the River Chagress, its size being 164 square miles and 85 feet above sea-level. The conception of making this dam is why the Americans succeeded where Mr. Lesseps failed. The water level is regulated by spillways through the dam. By raising the water level in this way the impossible alternative of making the Culebra Cut sufficiently deep was obviated—the French scheme. The high level of the lake has also provided the whole of the electric power, and incidentally has flooded the previously malaria-infested marshes, the district being now quite healthy.

After crossing the lake you enter the famous Culebra Cut, which is 7 miles long, 300 feet wide and 45 feet deep—unfortunately still liable to land slides.

At the two last locks the ship is lowered 55 feet and proceeds to the western entrance at Balboa—7 miles' distance—having previously been lowered 30 feet at Pedro Miguel lock. At this end the hills to be cut through are over 500 feet high—a barrier to the original sea-level canal scheme. The total cost of the canal was about £80,000,000.

Our next call was at Pitcairn Island, situated in the South Pacific, $1\frac{1}{2}$ miles long by $\frac{1}{2}$ miles wide. It is the oldest British Colony after Sydney and Norfolk Island. In 1790 Fletcher Christian and eight others, the relics of the mutiny of H.M.S. "Bounty," with six Polynesians and a dozen women, ran the "Bounty" ashore at Pitcairn and burnt her, their retreat being unknown for eighteen years. In 1806 they were taken to Norfolk Island; some returned, and now number 174. They depend on passing steamers for money, with which they buy the necessary articles from New Zealand. A governor is chosen from among themselves, who exercises complete authority and administers the various rites. Fruit and fish, which are abundant, are the main articles of food. A very quaint custom is for the crews of all the shore boats to sing several hymns as the steamer departs. By continuity of marriage and other causes it is conceivable that in time the inhabitants will degenerate; they are already far from being a healthy-looking race. One wonders how they have so long remained contented with their lot.

New Zealand was reached after a pleasant voyage, but only to find that "times" were if anything worse than at home, farm produce and stock being almost unsaleable, though the general view was inclined to be optimistic.

On our return voyage, in one of the Canal locks, we were all very amused over the capture of a small crocodile. Word was passed for the ship surgeon to *skin him*, but

evidently master "Croc" had an inkling of this, as, after exhibiting himself to the passengers, he wriggled out of the bosun's hands and took a header off the ship's side. I heard he had gone through this same performance on several occasions!

As regards the post of ship surgeon, I advise any applicant, before "signing on," to make sure that his cabin accommodation and surgery are what they should reasonably be expected to be, and if he wants modern drugs, to take them with him.

BELINDA ON BIRTHDAY HONOURS.

I CALLED on Belinda Treherne the other afternoon and we had a talk about old days at Bart.'s. It is many years since she gave a hand with the Christmas entertainment, but she still has a warm corner in her heart for the old place, and I was pleased to see that she has kept her good looks and even now shows something of the high spirits that used to enliven us.

A so-called ex-service brass band was making a hash of the National Anthem in the street, and that reminded me that it was the King's birthday. I offered my sympathy on the continued omission of Belinda's name from the Honours List. It is common knowledge that for three years she was the life of every V.A.D. fancy-dress supper party at Wimeraples, and was recommended over and over again by the dear D.G. for a decoration; but nothing came of it and she is still untitled and a spinster.

"They might at least have given you a medal bar for every engagement you were in," I said, "and an oakleaf for breaking it off with the brigadier."

"You'll live and die a cat, my dear," she answered, "and a cat without a ribbon round your neck. Thetrouble about you, Nathaniel, is you're much too regular in all your ways."

"Always a man of regular habits," I murmured into my tumbler.

"Nonsense. What I mean is that you would have done far better not to be such a regular kind of doctor. Now if you had gone in for setting bones or manipulating surgeons (or whatever it is they do) instead of wasting seven years over exams., you might be Sir Nathaniel to-day with a little bit put by in the savings bank."

"Well, if you hadn't been such a regular jilt you'd be Dame Belinda or even a Duchess by now."

When I was saying good-bye to her mother, Belinda pushed a slip of paper into my hand. The light is not very good in my attic and Belinda's writing is abominable, but this is what I make of her communication:

BIRTHDAY TREATS.

The particulars appended to the names are those officially supplied by the Government Departments issuing the List.

O.M. (Fifth Class).

Mr. BOOSTUS SMILES. For his efforts to combine Higher Thought with Purin-free Nut-cutlets at strictly competitive prices.

M.D. Lambeth (Honoris Caud).

M. EMILE DAYBYDAY. For his services, in every respect, to the neurasthenic pensioners at Tooting on a memorable occasion.

Home Service Medal (in Brass).

Prof. NANNY GOATS. Author of "Radiant Tosh" and kindred works on sale everywhere. For unostentatious services to domestic economy.

DISRESPECTFUL DITTIES.

V. POTT'S FRACTURE AND POTT'S PUFFY TUMOUR.

Is it forgot how Percy Pott
Attained to text-book fame?
He slid his heel on orange peel
And crashing down he came.
He cried "I'm dashed! My ankle's smashed.
This fall shall make my name."

His fracture well, he itched to tell
His fellows how it happened:
How ligament in twain was rent;
How fibula was snapped.
And all inclined to praise a mind
So singularly apt.

Immense his pride, as far and wide
His fame was swelled by rumour.
And, sad but true, his head swelled too.
With well-intentioned humour,
His colleagues said, "That swollen head
Is Percy's puffy tumour!"

VI. YO HO HO! PULV. IPECAC. CO.!

(Dover's Powder.)

Oh, Dover was a pirate and he sailed the Spanish Main.
A hacking cough convulsed him; he had agonising pain.
So he mixed himself a powder, which he liked it more and more.

Ipecac. and opium and K_2SO_4 .

Oh, dram by dram was Dover's way (and wash it down with rum!)

He grew so balmy that the crew rose up and swore, "You scum,

You've doped and soaked until you've gone completely off your rocker:

So now you'll walk the blinking plank to Davy Jones's locker!"

Oh, Dover was a pirate and they made him walk the plank.
He walked along for half a yard, then toppled off and sank.
Down dropped Dover; not a trace of him remains:
But the dose of Dover's powder, it is five to fifteen grains.

With a Yo ho ho! Pulv. ipecac. co.!

And a Yo heave ho for Dover!

GEMINI.

HOSPITAL DEFINITIONS.

(*This was found by a Bart's man in an old army hut and seems to us worthy of insertion.*)

A hospital is a collection of corridors covered by a roof and supported by its foundations and contributions.

A ward is a room attached to the side of a corridor. It contains fresh air in large quantities, nurses, beds, and patients.

A bed has position, but no magnitude. Its real duty is to glorify the ward. To disarrange a bed is a criminal offence. It is a far, far better thing to have a tidy bed than a comfortable patient.

A patient is the victim of circumstances and of a conspiracy between the doctor and the hospital authorities. When the meal-time arrives he understands why he is called a patient.

A nurse is essential for the proper running of a hospital. Her chief duties are to wake the patients when asleep.

A meal is a long, thin thing about three inches in diameter and about two hours long. It is incomplete without rice pudding. This is supplied either as a pleasant surprise or to annoy the patients, who thereafter faint at the mere mention of it.

A clinical thermometer is a morbid, cold-blooded instrument which requires warming up twice a day. This it is the duty of the patient to do.

A doctor is a member of the medical profession, who is usually to be found at the other end of a stethoscope. His greatest joy is to push a shoe-horn down one's throat, coupled with the request to say "Ah!"

A chart is a scrap of paper hanging on to a board at the head of your bed. It has often been mistaken for a tube map, but is really the life-story of a clinical thermometer set to music.

ANNUAL SPORTS.

THE Annual Sports were held at Winchmore Hill at 2 p.m. on Friday, June 2nd.

Not for many years, if ever, has the Athletic Club been honoured by the presence of the Treasurer of the Hospital at its Annual Sports Meeting. We appreciate Lord Stanmore's interest in this and other affairs connected with the Medical School.

The general attendance at the meeting was poor. Possibly the proximity of Whitsuntide and the threatening appearance of the weather were, in part, responsible.

Our thanks are due to Mrs. Harmer for the charming way in which she presented the prizes. Mr. Harmer, on her behalf, replied to a vote of thanks in an interesting and witty speech.

The members of the Senior Staff, who kindly acted as officials, carried out their duties with their usual efficiency and despatch. They were only prevented from keeping events up to scheduled time by the lateness or absence of a considerable proportion of prospective competitors.

The laying out of the ground was in every way satisfactory, thanks to the energy and experience of the groundsman.

RESULTS.

Throwing the Hammer: 1, R. D. Reid; 2, J. C. A. Davis. Distance, 76 ft. 1½ in.

1 Mile Handicap: 1, J. R. Beagley; 2, W. W. Darley. Time, 4 min. 45 sec.

High Jump: 1, J. D. Allen; 2, H. G. Anderson. Height, 5 ft. 7 in.

Putting the Shot: 1, R. D. Reid; 2, E. S. Vergette. Distance, 31 ft. 6½ in.

100 Yards: 1, J. C. A.-Davis; 2, P. R. Viviers. Time, 10½ sec.

½ Mile Handicap: 1, H. C. J. Ball; 2, J. R. Beagley. Time, 2 min. 6½ sec.

Long Jump: 1, J. D. Allen; 2, L. C. Neville. Distance, 18 ft. 7 in.

120 Yards Handicap: 1, H. Royle (5 yards); 2, P. R. Rainey (10 yards). Time, 12½ sec.

220 Yards: 1, J. C. A.-Davis; 2, L. C. Neville. Time, 24½ sec.

120 Yards Hurdles: 1, L. C. Neville; 2, E. I. Lloyd. Time, 17½ sec.

Obstacle Race: 1, J. P. Hosford; 2, M. Pentreath.

¼ Mile: 1, J. C. A.-Davis; 2, E. Bacon. Time, 54½ sec.

Inter-Year Tug-of-War: Third Year.

Inter-Year Relay Race: First Year and Third Year—dead-heat.

THERAPEUTICS AND THE THEATRE.

TDO not even find it necessary to plunge my hands deep into my trouser pockets in order to realise that I am hard up. I feel it in every nerve and viscus. Inspection, palpation, percussion and auscultation all demonstrate the same phenomenon. When I am poor, poverty oozes from my pores.

But every casual observer must have noted the recent change in my financial position. I can now afford to lunch with the Catering Company. I smoke my Abdulla in the Square. It has even been reported that I drink tea at 3.30.

Those who know me but little have correlated these facts with the proximity of equestrian events in the sporting world. Nay brother! not so. Far less blatant is my method of reaping shekels.

Have you ever stood for long hours in a theatre queue, suffering costal abrasions from the elbow on the right, suffocation from the peppermint behind—enduring the secondary manifestations of a suppression neurosis caused by the certainty that after all you will not get a seat—with a sharp cramp in your gemellus inferior and a dull dragging pain about the left gastrocnemius? Have you never envied with an envy that deserves a place in the front rank of the seven deadly sins, the rubber-jointed gentlemen who play at being frogs, the goitrous tenor who wants you to "let him be there"? Would you not even change

places (for the time being) with the asthmatic organ-grinder who "joined up at his country's call"? And have you not craned your aching neck to look at them, and strained your retrahens auriculorum to catch the sympathetic hush-notes of the singer, and finally have you not emptied your copper coins into the verminous cap?

Now I will tell you how I hauled my ship into harbour.

I have an ancient trench coat—too bespattered with castrol and grease to be pawnable—with a selection of pockets which would delight the heart of a Hackney lady with chronic rummage sale septicæmia. The cap was a difficulty, but my landlady tipped the dustman and he produced one from a neighbouring bin. We sterilised it in the copper and then poured ink and picric acid over it, and tore the lining just a little more. Then we pinned a Serbian flag in one corner of the peak and performed a traumatic dislocation of the vertical button, and suspended it by three-quarters of an inch of black thread. Shod in plimsolls with toes emerging I make my way each night to the West End theatre district.

This is how I start: "Good evenin', ladies and gents, I want to crave your kind intention for a short time this evenin'. You knows as well as I does, nobody better, that doctors nowadays don't believe in drugs. They says, 'Drugs is what quacks kill people with, while we do it 'andsome with knives and thyroids.' Now ladies and gentlemen, that is because of the 'orrid ignorance of the medical perfession, which, as Mr. Bernard Shaw says, doesn't know how to dislocate a haunch bone. Now Hi know something about drugs—I 'as to—it's me livin'. I've studied um for years and years. I've taken um all meself and don't I look a fine figure of a man. Now sir, you're lookin' run down—try a sample box of my arsenic pills—they'll make a giant of you. They stimulate the bone marrow to renoued activity. How much sir?—Only 9½d.—and you can meet me here next week and get a full size box. Thank you sir, thank you! Now you sir—what's the trouble, you look worried; out of sorts?—sore throat, I thought so sir—Now don't waste time—there's nothing like thymol for garglin'—rather expensive sir, 1s. 6d. a small box but worth twenty times that. Gargle night and morning—thank you sir."

Trade, on the whole, is good. I often make two guineas in an evening. Of course, in this, as in every other worthy profession, there are pitfalls. I found myself waxing eloquent over pil. alces c̄ asafetida to a young doctor queueing up for Cairo the other evening. He was not polite. I spotted my house physician outside Prince's three nights ago. I remembered I had an urgent appointment at St. James', and missed the only decent chance I've had to sell digitalis.

I am wondering if I will worry to get qualified. What does an L.R.C.P. mean to a pit queue? R. B.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

The Advantages of Being Unregistered. Lecture by G. B. S.

THE Mid-Sessional Address of the Abernethian Society was delivered on Thursday, June 8th, in the medical and Surgical Theatre, by Mr. George Bernard Shaw, his subject being—"The Advantages of being Unregistered."

It is questionable whether any other person would have had the moral courage necessary to address a gathering so representative of all that is orthodox in medicine upon such a heretical theme. But it is a testimony to the genius and eloquence of Mr. Shaw that, not only was his address received with acclamation as a marvel of wit, but that on all sides afterwards people were to be heard declaring that "there really was a lot of truth in what he had said!"

The large theatre was for the first time for many years filled to its gallery, by an audience consisting of members of the Society (staff and students), Nursing Staff and visitors.

Mr. Shaw, in opening, stated that when asked by its Secretary to address the Society, he had replied that he would do so on "The Disadvantages of being Registered."

That was some time ago.

Since then had come the news of Mr. Barker's knighthood, which afforded a very evident example of the great advantages of being un-registered. Hence the change in title.

It must, he said, be taken as a serious blow to medical prestige that this honour, which, in medicine, was usually reserved for the heads of the profession, had been conferred on a man who was not only unregistered, but also unqualified.

Sir Herbert Barker had had no recognised medical training. He was a "bone-setter," who had "learned his business" from another bone setter. The medical faculty was inclined to regard Sir Herbert Barker, the bone-setters and the osteopaths as ignorant persons who "did not know the difference between a tuberculous joint and a traumatic dislocation." (Applause.) Unfortunately such persons, with all their ignorance, got relatively as many cures as the qualified practitioners themselves, and often got their best results where the others had failed.

As an instance of such a case, Mr. Shaw referred to a well-known actress whose dislocated "haunch-bone" (applause), having baffled London's surgeons, was instantaneously replaced by an unqualified osteopath.

To the public there had always been a kind of glamour about the unqualified man—probably because he dared to charge more than his qualified rival. But this, of late, had increased to a degree of popularity which seriously challenged that of the medical profession. So pronounced was this tendency that patients nowadays would frequently run the whole gamut of osteopaths, masseurs, Christian scientists and psychotherapists before turning to the qualified doctor for advice. This, said the speaker, was a deplorable state of affairs.

Mr. Shaw then related the story of his uncle, an Irish practitioner of the old school, whom the stress of more modern conditions had reduced from the comparative luxury of a flourishing practice to a condition of complete insolvency. It was a really tragic story, but we ventured to think it a trifle irrelevant, though its narration was marked by sallies of the most brilliant wit.

What was the cause of this waning of public faith in the doctors? According to Mr. Shaw, it was the narrow-mindedness of the General Medical Council.

If the present system continued, and unless the Council began to put its house in order, the day would come when each brass-plate in Harley Street, in addition to the doctor's qualifications, would bear the legend, "No connection with the General Medical Council."

The main failing of the Council, as at present constituted, was that it consisted entirely of doctors. Such a system tended to a medical autocracy, and the community for whom the doctors worked had thus no opportunity of expressing its views on medical organisation and conduct.

The remedy for this lay in so constituting the General Medical Council that it consisted mainly of members of the informed public—other than doctors—with a committee of doctors as assessors. Such a body would then be in a better position to effect several much-needed reforms in medical practice and education.

First among these reforms came the question of admission into the profession; it was absurd, said Mr. Shaw, for any body of men, whether doctors or bottle-washers, to say to an individual, "You

shall not enter our profession!" It was for the general public to say whether a person were fit or no to be a doctor. They only could do it in a manner free from prejudice. Next came the problem of medical education: the most needed reform was a lengthening of the student's curriculum (Groans), but this could be compensated by the cutting out of certain unnecessary subjects which were taught at present. (Cheers.)

The smattering of science, for instance, with which the medical student was "grounded" was, in Mr. Shaw's opinion, unnecessary. He considered that medicine was not a scientific profession; yet such was the effect of the so-called "scientific training" that the surgeon tended to regard all disease problems as mechanical, the physician to regard them as chemical, whereas, in reality, such problems were vital. In what direction, then, should the curriculum be lengthened? At present the student had no training in either Swedish massage or osteopathy, both of which forms of treatment had been tried and found of value. As the doctor was supposed to understand and practise all forms of treatment, the study of such subjects should form an important part of medical education.

When these reforms were instituted, then, and then only, would the medical profession attain that position which it ought to hold in our public life, that is, "the top of the tree."

Mr. Shaw then sat down amidst great applause.

A vote of thanks was proposed by Mr. McADAM ECCLES and seconded by Mr. VICK.

In replying, Mr. SHAW stated that if any advanced thinkers among his audience found themselves "up against" the General Medical Council in their future careers, they should come to him and he "would put it right!"

GOLF CLUB.

The annual match between the St. Bartholomew's Hospital Golf Club and the Staff was played at Hanger Hill on Wednesday, May 24th, 1922. The Staff very kindly entertained us to dinner after the match, which in every way was a great success.

STAFF.		SINGLES.		ST. BART.'S GOLF CLUB.	
Dr. Hinds Howell . . .	0	J. H. T. Davies (6 & 5) . .	1	J. H. T. Davies (6 & 5) . .	1
Mr. Rose (2 & 1) . . .	1	J. Ness Walker . . .	0	J. Ness Walker . . .	0
Dr. Graham . . .	1	N. F. Kendall . . .	1	N. F. Kendall . . .	1
Mr. Wade (2 & 1) . .	1	C. H. C. Dalton . . .	1	C. H. C. Dalton . . .	1
Mr. Spicer . . .	0	H. F. Chillingworth (6 & 5) .	1	H. F. Chillingworth (6 & 5) .	1
Mr. Corbett (8 & 6) . .	1	A. V. Mackenzie . . .	0	A. V. Mackenzie . . .	0
Mr. Girling Ball . . .	0	A. W. Brown (6 & 5) . .	1	A. W. Brown (6 & 5) . .	1
Mr. Foster Moore . . .	0	J. L. Potts (7 & 6) . .	1	J. L. Potts (7 & 6) . .	1
	31		41		41
FOURSOMES.					
Rose and Wade (5 & 4) .	1	Walker and Davies . . .	0	Walker and Davies . . .	0
Howell and Graham (2) .	1	Dalton and Kendall . . .	0	Dalton and Kendall . . .	0
Ball and Spicer . . .	0	Chillingworth and Mackenzie (8 & 7) . . .	1	Chillingworth and Mackenzie (8 & 7) . . .	1
Moore and Corbett . . .	0	Brown and Potts (2 & 1) . .	1	Brown and Potts (2 & 1) . .	1
	2		2		2

SWIMMING CLUB.

The First Round of the Inter-Hospital Competitions was decided on June 1st at Fitzroy Street Baths, when we met Guy's Hospital. In the swimming we were rather unfortunate to lose by 1 point after a very close contest, the 1st, 2nd and 3rd men in both 1 and 2 lengths events being separated by a touch only.

Points were scored for Bart.'s by the following:

One length.—G. D. Drury, 2nd; N. A. Jory, 3rd.

Two lengths.—N. A. Jory, 3rd.

Three lengths.—M. Harker, 2nd; J. Attwood, 3rd.

Team race (Bart.'s won by 5 yards).—G. D. Drury, B. Hodge, M. Harker, N. Jory, P. King, M. Pentreath.

Total: Guy's 23 points; Bart.'s 22 points.

The Water Polo was won by Guy's, 6-1; and in the Diving Guy's secured both 1st and 2nd places.

CRICKET CLUB.

The results of the Cricket season have up to the present moment been satisfactory. Of the 12 matches played, 5 have been won, 4 lost and 3 drawn. Of the 3 matches drawn, 2 have been in our favour, the third even. Of the individual matches those v. R.A.M.C. Aldershot, Mr. Rawling's XI and the Cup Ties call for comment. The R.A.M.C., who quickly dismissed our first 4 men for 19, were ultimately mastered by E. H. Watkins, who reached 107 before leaving. The Hospital were able to defeat them after some trouble by about 30 runs.

Mr. Rawling's XI was again victorious, owing to the all-round talent shown by two visitors from Croydon. We regret the sudden spell of good bowling which so summarily dismissed our President.

The Cup Ties have been won easily. Middlesex Hospital were defeated by over 100 runs, and Charing Cross were even less fortunate, since they could only make 26 (Cooper 4 for 7, Parish 6 for 11) in reply to our 361 for 8 (A. E. Parkes 129, Parish 93). The next round (Semi-Final) will be played before June 30th.

REVIEWS.

THE NURSES' "ENQUIRE WITHIN." By E. M. CLARKE. Revised and Corrected by P. B. BENTLEY, M.R.C.S. (Eng.), etc. (London: The Scientific Press, Ltd.) Pp. 328. Price 4s. net.

If you are going to write a book for nurses, make it small by all means, but let the little which it contains be concise, precise and accurate. It is not the quantity, it is the quality which matters.

It is not enough for an intelligent woman to know that Pott's fracture is one "just above the ankle." Nor do we think it sufficient to say of a symptom concerning which a nurse must be constantly on the alert: "rigors, or severe shivering, indicates the commencement of some acute disease." With children convulsions take the place of rigors. These are samples from a book which, containing much wisdom, seems to us still to need careful revision.

NOTES ON GYNÆCOLOGICAL NURSING. By FELICIE NORTON. (London: The Scientific Press, Ltd.) Pp. 96. Price 1s. 3d. net.

This is an excellent little book. It contains much that the nurse needs to know in this special branch of nursing. We have found no mistakes. An index and a few illustrations of the various forms of specula, etc., would improve the value of the handbook.

SEX PROBLEMS IN WOMEN. By S. C. MAGIAN, M.D. (London: William Heinemann [Medical Books], Ltd.) Pp. 219. Price 12s. 6d.

We cannot recommend this book. It contains little that the average doctor does not know. It contains much that he need not know and which might be omitted.

RICKETS. By J. LAWSON DICK, M.D. (Edin.), F.R.C.S. (Eng.). (William Heinemann [Medical Books], Ltd.) Pp. 488. Price 25s. net.

Dr. Lawson Dick's special knowledge of housing problems has produced in this book an unusual mixture of sociology and medicine. Perhaps this is wise. Certainly it is necessary if you believe with the author that the field of inquiry on the cause of rickets "can almost certainly be narrowed down to the conditions of vicious environment which prevail at their worst in slum areas. These are—confinement and the breathing of a vitiated atmosphere in overcrowded and badly ventilated rooms, lack of sunlight, and loss of the opportunities for proper exercise."

Interesting investigations into the frequency of rickets in slum areas are described. Of 1000 Hackney children, 798 showed signs of present or past rickets. The pathology of the condition is extensively dealt with. The book is a treat to thinking men.

ARTIFICIAL LIMBS AND AMPUTATION STUMPS: A PRACTICAL HANDBOOK. By E. MUIRHEAD LITTLE, F.R.C.S.(Eng.). (London: H. K. Lewis & Co., Ltd.) Pp. viii + 319, 267 illustrations. Price 18s. net.

This will form a valuable book to medical men called in to advise on the subject of the choice and getting of artificial limbs. Every variety from the simple peg-leg to the most complicated artificial arm is described in detail, with helpful advice on its suitability in special cases. But this becomes work of a highly technical character, and we doubt if many practitioners will find time to make themselves competent on these lines. This book will, however, show the possibilities. For the specialist it provides a highly interesting piece of technical literature.

SURGICAL PATHOLOGY. By ERIC PEARCE GOULD, M.D., M.Ch. (Oxon.), F.R.C.S.(Eng.). (London: J. & A. Churchill.) Pp. 169. Price 6s.

This *résumé* of surgical pathology may be useful to men who have already learnt their work, and who, on the eve of the Conjoint Surgery Examination, desire to refresh their memory. But pathology is not learnt thus.

TREATMENT OF INJURIES OF THE PERIPHERAL SPINAL NERVES. By SIR HAROLD STILES, K.B.E., F.R.C.S., and MISS M. F. FORRESTER BROWN, M.S., M.D. (Oxford Medical Publications.) Illustrated. Pp. 180. Price 15s. net.

The surgical results of the war remain with us; and now, following the huge mass of incompletely prepared books published during and immediately after the war, there are beginning to appear more important and better produced volumes. The book before us is a clear account of our present knowledge of peripheral nerve surgery. It contains nothing specially new. There seems in nerve surgery little room for that difference of opinion on important points which characterises other branches of the subject. The book is well produced and the illustrations excellent. We can confidently recommend it to all interested in nerve surgery.

A CLINICAL TREATISE ON DIABETES MELLITUS. By MARCEL LABBÉ, M.D. Translated, revised and edited by C. G. CUMSTON, M.D. Pp. viii + 375. (London: William Heinemann [Medical Books], Ltd.) Price 18s. net.

Most of the chapters in this book are lectures or papers of Prof. Labbé's written at various times after 1908. Many of them, particularly the purely clinical studies, are very helpful. But a good deal seems strange to modern English ears. Diabetes is divided into rather definite compartments—diabetes with and diabetes without denutrition. Allen's work is mentioned but briefly, and "fast cures" receive but faint praise. There is plentiful evidence that the book is a translation; several words used are not English, and many English words are used in a wrong sense. What (p. 63) is a "cubic gramme"? Renal and cardiac oedemas are not commonly referred to in this country as "brightic or astylosic hydropsies" (p. 115). From a sentence on p. 257 the reader must infer that the only sure way for patients to remain free from glycosuria is to "form the habit of exceeding their tolerance for carbohydrates"!

INFLUENZA: ESSAYS BY SEVERAL AUTHORS. Edited by F. G. CROOKSHANK, M.D., F.R.C.P. (London: William Heinemann [Medical Books], Ltd.) Pp. xii + 529. Price 30s. net.

Throughout these seventeen essays by some eleven authors there run these *motifs*: (i) Influenza is no new disease, but one of immense antiquity; (ii) it has a close epidemiological connection with encephalitis lethargica, Heine-Medin disease, cerebrospinal fever, and possibly dengue, Malta fever and other diseases; (iii) there may be an even closer ætiological connection; (iv) the solution of the influenza problem lies, perhaps, not in finding a specific virus, but in studying other vague extra- or intra-corporeal factors, at present little understood. The chapter on the "Bacteriology of Influenza" is the longest in the book; in it Dr. Robert Donaldson spends nearly one hundred pages in denying to Pfeiffer's bacillus any causal relationship to the disease. Here many will agree with him; but his statement that "there is not the slightest shred of evidence that the disease is due to a so-called filter-passing virus" seems hardly warranted even by the facts he himself quotes. In a collection of essays by independent writers some are bound to be better than others. Particularly suggestive and interesting are two by Bart's men—that by Dr. W. H. Hamer on the "Phases of Influenza," and that by Dr. Adolphe Abrahams on "Clinical and Therapeutical Considerations."

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BERRY, JAMES, B.S., F.R.C.S. "Thyroid Surgery." *Medical Annual*, 1922.

(Bristol: John Wright & Sons, Ltd.)

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "Endocrinology." *Ibid.*

COOPER, PERRY R., M.D., B.Sc.(Lond.), F.R.C.S.(Eng.). "On Operations for

Appendicitis." *Clinical Journal*, May 3rd, 1922.

DALE, H. H., C.B.E., M.D., F.R.S. (and Major C. F. WHITE, O.B.E., M.B.).

"Report on an Experimental and Clinical Comparison of the Therapeutic

Properties of Different Preparations of 914 (Neosalvarsan)." *Lancet*, April,

22nd, 1922.

DORAN, ALBAN H. G., F.R.C.S. "Valentine Mott's Aneurysm Needle for Liga-

ture of the Innominate and Subclavian Arteries." *British Medical Journal*,

April 22nd, 1922.

EVANS, E. LAMING, C.B.E., M.A., M.D., B.C., F.R.C.S. "Some Recent

Advances in Orthopaedic Surgery." *Lancet*, May 6th, 1922.

FELING, ANTHONY, M.D., F.R.C.P. "The Goulstonian Lectures on the Inter-

pretation of Symptoms in Disease of the Central Nervous System."

Lecture I. *Ibid.*, April 22nd, 1922.

— *Idem*, Lecture II. *Ibid.*, April 29th, 1922.

— *Idem*, Lecture III. *Ibid.*, May 6th, 1922.

GROVES, E. W. HAY, M.S., M.D., F.R.C.P. "Orthopaedic Surgery." *Medical*

Annual, 1922. (Bristol: John Wright & Sons, Ltd.)

KEYES, GOSFREY. "Duplication of the Ureter." *British Journal of Surgery*,

April, 1922.

LISTER, A. E. J., Lt.-Col., I.M.S. (ret.), M.B., B.S., F.R.C.S. "Eye Diseases."

Medical Annual, 1922. (Bristol: John Wright & Sons, Ltd.)

MACKENZIE, WALLIS R. L., M.A., M.D. (and EVERARD WILLIAMS, H. G., M.D.).

"An Experimental Investigation of the Corpus Luteum in its Relation to

the Toxæmias of Pregnancy." *Lancet*, April 22nd, 1922.

MOORE, R. FOSTER, O.B.E., M.A., B.Ch.(Cantab.), F.R.C.S. *Medical Ophthal-*

moology. (London: J. & A. Churchill.)

NAPIER, L. E., M.R.C.S., L.R.C.P. "A New Serum Test for Kala-Azar." *Indian*

Journal of Medical Research, April, 1922.

NOON, CHARLES, F.R.C.S. "An Arterio-venous Aneurysm Treated by Ligation

of the Left Subclavian Artery." *British Medical Journal*, May 6th, 1922.

POWER, SIR D'ARCY. "Eponyms—IV." William Hey, of Leeds. *British Journal*

of Surgery, April, 1922.

SPENCER, W. G. "Exophthalmic Goitre; Death from Bilateral Femoral Throm-

bosis and Gangrene." *Ibid.*, April, 1922.

— "Seven Large Needles in Thigh." *Ibid.*

TREVAN, J. W., M.B., B.S. "An Apparatus for the Measurement of Small

Quantities of Fluid." *Lancet*, April 22nd, 1922.

WATSON, SIR C. GORDON, K.B.E., C.M.G., F.R.C.S. "Bone-setting and Mani-

pulation of Joints." *Clinical Journal*, May 10th, 1922.

CORRESPONDENCE.

THE CURE OF DISEASE.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Without venturing upon the "repressed complexes" of Dr. W. F. Lloyd, may I submit that the position of modern medicine is not so tragical after all?

Surely medical practitioners did not think that *they* cured disease even "years ago"; certainly the surgeon (was it Ambroise Paré?) did not, who said, "I dressed him: God healed him."

Have we thought to do more by counsel and therapy than so to affect mind and body as to remove such hindrances as exist by reason of injury (by violence or poison) or of the unwise habits of the patient?

Most of us have repressed complexes, but we are not all neurotics; yet a convalescence from influenza may so parade them before our jangled minds that we may enter into the feelings of one such; and the more, could we not think it reasonable that "every day we shall grow better and better," saying it a little "thoughtlessly and even listlessly."

Yet a patient's habits of thought may be as unwise as his habits of eating or of drinking, and sorely need counsel to remove a hindrance to cure; not less would the subject of an early phthisis in the depths of depression lose his prospect of cure did the physician (forgetting that his patient had a body) fail to diagnose the condition and order a regimen therefor.

Nor is the use of drugs vain in removing a hindrance to cure (even though all "specifics" be excluded from the consideration).

For, what shall we say of nux vomica for the wearied sleepless bronchitic; of garlic in whooping-cough, of digitalis, of calcium lactate, of potassium iodide, of the many drugs of value for external application in diseases of the skin? And is not modern medicine offering a new field of usefulness for the acids in the recent work upon the P_H problems?

We treat our patients, and, if wisely, *cure* may follow.

And surely the more "thoughtlessly"—or at least the more light-heartedly and, if it may be, merrily—a man shall say this or that of

his body, the better then for him and it, and the more practically shall he cry, "Lord have mercy upon me, a sinner," as he orders his body to march behind him on the highway of life.

Yours truly,

12, ALMA ROAD,
CLIFTON, BRISTOL.

J. R. R. TRIST.

"HARVEY" WARD.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

SIR,—Now that Mark Ward has been renamed "Sandhurst," I would like to take this opportunity of asking the reason why no ward of St. Bartholomew's has been honoured with the great name of William Harvey. Ever since I was a student at the Hospital I have been astonished at this strange omission.

Harvey was Physician at the Hospital for over thirty years (1609-1643), and Sir Norman Moore relates that in 1633 he drew up sixteen regulations for the administration of the Hospital which with one exception were adopted by the Governors. I believe most of Harvey's regulations, with slight modifications, are still in force.

Yours faithfully,

UNITED SERVICE CLUB,
CALCUTTA;

W. HAMILTON.

May 31st, 1922.

SAMPLES.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—In the May number under the heading "Samples" you might have entered the following:

(1) In answer to your letter I have given birth to twins. Hoping this will be satisfactory.

(2) Just a line to say that owing to your delay in sending me the money, we have not a morsel of food in the house, hoping you are the same.

(3) I have received no money since my husband has been put in a constipation camp in Germany.

KHAGAUL P.O.,
E.I. RAILWAY, INDIA;
May 21st, 1922.

Yours very truly,

B. W. HOLMES.

A QUERY.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

SIR,—Can any member of St. Bartholomew's inform me why the peace of the Hospital is being disturbed by an army of navvies in Smithfield who seem to be molesting a perfectly good piece of road, leaving undisturbed Holborn and Oxford Street, which bump the motor-cyclist worse than examiners?

Yours, etc.,

St. BARTHOLOMEW'S HOSPITAL, E.C. 1; EARNEST STUDENT.
June 28th, 1922.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—N. G. Horner, H. W. C. Vines.

M.B., B.Ch.—W. F. Eberlie.

B.Ch.—G. C. Wells-Cole.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1922.

Honours.—C. M. Gwillim (Distinguished in Midwifery),
E. H. Weatherall (Distinguished in Medicine, Forensic Medicine
and Midwifery).

Pass.—K. N. G. Bailey, F. T. Evans, J. N. Kerr, H. J. McCurrah,
M. H. Renall (B.Sc.), H. Shannon, H. Tohill.

Supplementary Pass List.

Group I.—S. Bloom, F. P. Schofield.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following were successful at the Final Fellowship Examination held in June:

F. J. Anderson, R. S. Corbett, E. A. Crook, A. R. Dingley, S. L. Higgs, B. H. Pidcock, J. P. Ross, H. M. Wharry, W. E. Wilson.

The following were successful at the Primary Fellowship Examination held in June:

D. J. Batterham, D. A. Brigg, G. O. Chambers, R. L. Williams.

CHANGES OF ADDRESS.

ARCHER, C. W., 29, Albion Street, Hull. (Tel. Central 6803.)

CODY, W. E., 31, St. James' Road, Kingston-on-Thames.

COURTIS, A. O., "Beeley," Oxted, Surrey.

GRAHAM, G., 1, Devonshire Place, W. 1. (Mayfair 6407.)

HUMPHRY, A. MURCHISON, 50, Don Road, St. Helier, Jersey. (Tel. St. Helier 850.)

JUST, T. H., 1e, Oxford and Cambridge Mansions, Marylebone Road, W. 1. (Tel. Padd. 2678.)

MILNER, S. W., "Mæsyllan," Boncath, Pembrokeshire, S. Wales.

SQUARE, W. RUSSELL, c/o The Pahang Consolidated Co., Ltd.,
Sungli Lembing, Kuantan, Pahang, F.M.S.

WHARRY, H. M., 136, Harley Street, W. 1.

APPOINTMENTS.

HEWER, C. LANGTON, M.B., B.S., appointed Anæsthetist to the Seamen's Hospital, Royal Albert Dock.

HILL, N. H., M.B., B.S. (Lond.), M.R.C.P., appointed Assistant Physician to the Belgrave Hospital for Children, S.W.

LLOYD, G. W., M.D. (Lond.), appointed Medical Superintendent of Croydon Union Infirmary.

MARSH, F. D., M.C., M.B., F.R.C.S., appointed Hon. Aural Surgeon and Laryngologist to the Children's Hospital, Birmingham.

WHARRY, H. M., F.R.C.S., appointed Surgical Registrar to the Throat Hospital, Golden Square.

BIRTHS.

ATTLEE.—On June 16th, at 24, High Street, Eton, the wife of Dr. Wilfred Attlee—a son and a daughter.

GERARD-PEARSE.—On June 17th, at 11, Royal Terrace, Weymouth, to Joyce (née Anderson), the wife of John Gerard-Pearse, F.R.C.S.—a son.

NICHOLSON.—On June 7th, at Wokingham, the wife of C. John Nicholson, M.R.C.S.—a daughter.

MARRIAGE.

POYNDR—BERINGER.—On June 17th, at West Chittington, Sussex, by the Rev. A. Caldecott, Rector of the Parish, Frederick Cecil Poynder, M.B. (Oxon.), of East Grinstead, only son of the late Rev. Frederick Poynder, formerly Second Master of Charterhouse, to Lucy Maria, daughter of the late John Harley, M.D., of Beeding, near Pulborough, and widow of O. L. Beringer.

DEATHS.

BRODRIBB.—On May 30th, 1922, at St. Leonards-on-Sea, Charles Aiken Brodrigg, M.R.C.S., L.S.A., aged 70.

RIVERS.—On June 4th, 1922, at Cambridge, William Halse Rivers, M.D., F.R.S., F.R.C.P.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.

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